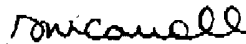


1734

<b>CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)</b>			Docket No. <b>2002B005</b>
Applicant(s): <b>Pang-Chia Lu</b>			
Serial No. <b>10/074,635</b>	Filing Date <b>February 13, 2002</b>	Examiner <b>Melvin C. Mayes</b>	Group Art Unit <b>1734</b>
Invention: <b>Digital Printing System For Printing Colored Polyolefin Films</b>			
			<b>RECEIVED CENTRAL FAX CENTER</b>
<b>MAY 03 2004</b>			
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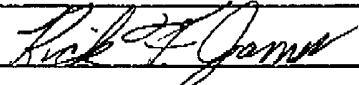
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<h1>TRANSMITTAL FORM</h1> <p>(to be used for all correspondence after initial filing)</p>	Application Number	10/074,635	
	Filing Date	February 13, 2002	
	First Named Inventor	Pang-Chia Lu	
	Art Unit	1734	
	Examiner Name	Melvin C. Mayes	
Total Number of Pages in This Submission	12	Attorney Docket Number	2002B005


ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

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